

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/20/99
O.I.P.E. CLASSIFIER		12	10/21/99
FORMALITY REVIEW	MA	71621	10/28/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 0 Objected

Claim	Date	
Final		
Original	7/2 29/96 08/04	
1	V	V
2	V	V
3	V	V
4	V	V
5	V	V
6	V	V
7	V	V
8	V	V
9	V	V
10	V	V
11	V	V
12	V	V
13	V	V
14	V	V
15	V	V
16	V	V
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Claim	Date	
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Claim	Date	
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Best Available Copy

If more than 150 claims or 10 actions
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